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## PRACTICAL HINTS



CORN-STARCH AN UNUSUAL AGENT FOR INTRAVENOUS INFUSION.—For an emergency case, intravenous infusion being indicated, no prepared saline solution was obtainable, so the solution was made from the finest salt at hand, duly sterilized and chilled. The following day it was discovered through the grocer that this particular salt was specially prepared for table use in damp, hot climates, and that a small amount of corn-starch, the exact quantity unknown, was mixed with it to keep it in good condition. At the time the injection was started the radial pulse was imperceptible. The case was one of a crushing injury, necessitating amputation at middle third of femur, the patient having suffered greatly by delay in finding a surgeon. He responded quickly to the infusion and made an uneventful recovery, the only unusual symptom being slight œdema of the face, which disappeared within thirty-six hours of the operation.

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EXTRACTS from a letter written by a nurse who served in the smallpox epidemic in England:

“On the ships the patients are on feather beds (at ‘the Extension’ and different new buildings I hear a specially prepared wool mattress is being tried). Bad cases cannot stand having their beds made, so are lifted on to fresh, clean ones, and with some this is necessary several times during the day or night. Faces are so disfigured and change so rapidly that it is not always easy to identify them. We have an unlimited supply of feather pillows, sheets, handkerchiefs, etc., and patients always look absolutely clean. Eyes, mouth, and throats are done every four hours or more frequently: the tongues and throats of confluent cases are ulcerated and in a dreadful condition; the hemorrhagic ones are almost hopeless to deal with, as the bleeding is increased by the gentlest touch. Bed-sores have to be looked for, as they come quickly and slough deeply. Spirit cannot be used and powder cannot be rubbed on as preventatives, but the parts are dusted from large tins with perforated lids. I don’t think I have seen one bed-sore heal. Every patient is blanket-washed twice in twenty-four hours, using plenty of soap, and not rubbing, but soaking the skin and carefully drying. This gives great relief and diminishes the smallpox smell. Cold is carefully guarded against; a sleeveless flannel shirt is first put on, over this a thick cotton one, both open down the back. . . . The temperatures are not often over 103°, the average is about 100°. To give sufficient nourishment is a great part of smallpox nursing, and until death is imminent—or the patient imagines he is being poisoned—is not difficult. Thirst is great, and many pints of milk are easily disposed of. . . . Brandy is the only stimulant I have been ordered to give, in small quantities and often, two or three teaspoonfuls every two hours as a rule. . . . For the faces every sort of treatment has been tried. In the early days of the epidemic a mask of Whitehead’s varnish was the correct thing, but proved disappointing. Ointment masks and fomentations are popular, but nothing seems to prevent scarring. . . . The soles of the feet are often

very painful and are fomented; the snipping of the blisters there and on the limbs I cannot describe; some patients are in fomentations from head to foot.

"The appearance of the delirious cases is peculiar; frequently one arm is raised and trembling, and the index-finger appears to be pointing at something high up. . . . The hemorrhagic cases are the saddest; from the first they are considered hopeless, although they do not always look bad on admission. They are conscious to the end, and their death is terrible. In other hemorrhagic cases there is a small red rash, the face swells past recognition and becomes almost black; these suffer much from the mouth and throat. . . . In having charge of the ward for delirious patients I may consider myself fortunate, as it enabled me to nurse smallpox in its worst and most malignant forms. . . . An hour spent in that particular ward would, I am sure, have cleared up every doubt as to the blessings of vaccination. . . . Nothing seemed to make them sleep or quiet them—opium, bromide, trional, paraldehyde, were all no good. Very large hypodermics of morphia answered, but the risk of collapse had to be considered. . . . I shall always associate with the ships the tramp, tramp, of the stretcher-bearers carrying the dead from the wards; it went on all night; it got on the nerves, especially when a patient buried his head in your apron and implored you not to let them come for him next.

"At any hour of the night the Roman Catholic priest from Dartford would appear silently at my side, and having attended to some dying man as silently depart; but out of the tail of my eye I have seen him give drinks, shake pillows, and leave comfort in many ways behind him.

"Some, who have not tried it, think there is little nursing possible in smallpox, but I cannot agree with them. . . . And when one poor dying thing took my hands in his and felt and rubbed them for a time, and saying 'Like mother's hand,' bent and kissed them, my time here did not seem altogether wasted. . . . The complete wipe-out of families is astonishing; it is a common thing to have the husband, wife, and many children here. . . . One nurse only has taken smallpox here."—*Nursing Notes*.



BISHOP BRENT in a letter to the Board of Missions of the Episcopal Church has asked that two trained nurses and a physician be added to his staff of assistants. Bishop Brent's request should be of special interest to nurses of the guild, and further information can be obtained from the corresponding secretary, Mission House, Fourth Avenue and Twenty-second Street, New York City. We understand Miss Beatrice Oakes, of Boston, has already been appointed, and that the board desires to obtain a waiting list of applicants for missionary work not only in the Philippines, but other fields of labor where nurses are needed.

CARING FOR THE CONSUMPTIVE POOR.—Cambridge, Mass, is agitating a plan by which the consumptive poor may have free diet supplied to them and the services of a trained nurse. It is impossible to send all the patients of this class to sanatoriums, and the idea is to provide in the home some of the alleviating methods that have been found so beneficial in the sanatoriums. Work upon these lines is already being done in the cities of Paris and Berlin, but Cambridge is among the first in this country to undertake this method of caring for its consumptive poor.